

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

*Dr. Freeman*

**1. PLACE OF DEATH**

34 County Greene Registration District No. 318  
Township Springfield, Mo. Baptist Hospital Primary Registration District No. 2001  
City Springfield, Mo.

File No. 32745  
Registered No. 32745  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. La Due, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Beulah B. Buel</u> (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 24 - 1899</u>		
7. AGE <u>34</u>	YEARS <u>8</u>	MONTHS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>blacksmith</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keokuk, Missouri</u>		
13. NAME <u>A. J. Harden</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
15. MAIDEN NAME <u>Hattie J. Pilant</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT (ADDRESS) <u>Mr. R. G. Burton Springfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clay Creek</u> DATE <u>Oct 3 - 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Alma L. Meyer, T. Bone Springfield, Mo.</u>		
20. FILED <u>10 - 3, 1933</u> <u>Ralph Washington</u> Registrar		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 - 1933

22. I HEREBY CERTIFY, THAT I attended deceased from Oct 24, 1933, to Oct 1, 1933.  
Last saw him alive on Oct 1, 1933 Death is said to have occurred on the date stated above, at 9:45 A.M.  
The principal cause of death and related causes of importance were as follows:  
Peritonitis Date of onset 9/24/33  
12/13  
12/12  
12/9  
12/1  
Other contributory causes of importance:  
ruptured appendix

Name of operation appendectomy Date of 9/24/33  
What test confirmed diagnosis none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no, 19\_\_\_\_  
Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify no  
(Address) Springfield, Mo. M. D.S.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

